

DECLARATION FOR "371" APPLICATION

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET PB60445
First Named Inventor: Craig JAMIESON
<i>Complete if known:</i> App No.:
Filing Date

- Declaration submitted with initial filing or
 Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL COMPOUNDS

the specification of which (check only one item below):

is attached hereto.

OR

was filed on _____ as United States application Serial No. _____ or PCT International

Application Number PCT/EP2004/009078 filed 12 August 2004 and was amended on (MM/DD/YYYY)
 (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED
1. 0319150.9	GB	14 August 2003	X
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(c) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	

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PATENT APPLICATION WITH POWER OF ATTORNEY

Continued

ATTORNEY'S DOCKET NUMBER
PB60445

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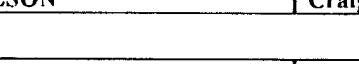
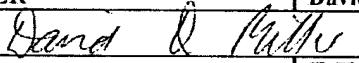
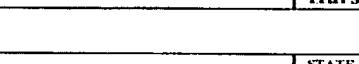
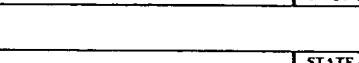
PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number 20462	Direct Telephone Calls to: Soma SIMON 610 270 5019
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FAMILY NAME JAMIESON	FIRST GIVEN NAME Craig	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE 	Date:	
0	RESIDENCE & CITIZENSHIP Newhouse	STATE OR FOREIGN COUNTRY Lanarkshire, Scotland	COUNTRY OF CITIZENSHIP GB
1	POST OFFICE ADDRESS GlaxoSmithKline Corporate Intellectual Property – UW2220, P O Box 1539	CITY King of Prussia	STATE & ZIP CODE/COUNTRY Pennsylvania 19406-0939, US
2	FAMILY NAME MILLER	FIRST GIVEN NAME David	SECOND GIVEN NAME/INITIAL Drysdale
0	INVENTOR'S SIGNATURE 	Date: 1st October 2004	
0	RESIDENCE & CITIZENSHIP Stevenage	STATE OR FOREIGN COUNTRY Hertfordshire, GB	COUNTRY OF CITIZENSHIP GB
2	POST OFFICE ADDRESS GlaxoSmithKline Corporate Intellectual Property – UW2220, P O Box 1539	CITY King of Prussia	STATE & ZIP CODE/COUNTRY Pennsylvania 19406-0939, US
2	FAMILY NAME RAMI	FIRST GIVEN NAME Harshad	SECOND GIVEN NAME/INITIAL Kantilal
0	INVENTOR'S SIGNATURE 	Date:	
0	RESIDENCE & CITIZENSHIP Harlow	STATE OR FOREIGN COUNTRY Essex, GB	COUNTRY OF CITIZENSHIP GB
3	POST OFFICE ADDRESS GlaxoSmithKline Corporate Intellectual Property – UW2220, P O Box 1539	CITY King of Prussia	STATE & ZIP CODE/COUNTRY Pennsylvania 19406-0939, US
2	FAMILY NAME THOMPSON	FIRST GIVEN NAME Mervyn	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE 	Date:	
0	RESIDENCE & CITIZENSHIP Harlow	STATE OR FOREIGN COUNTRY Essex, GB	COUNTRY OF CITIZENSHIP GB
4	POST OFFICE ADDRESS GlaxoSmithKline Corporate Intellectual Property – UW2220, P O Box 1539	CITY King of Prussia	STATE & ZIP CODE/COUNTRY Pennsylvania 19406-0939, US

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		STATUS (Check one)	
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)	PATENTED
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			ABANDONED
<p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith</p> <p>Customer Number 23347 and Customer Number 20462</p>			
Address all correspondence and telephone calls to Customer Number 20462			Direct Telephone Calls to: Soma SIMON 610 270 5019
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>			
2	FULL NAME OF INVENTOR	FAMILY NAME JAMIESON	FIRST GIVEN NAME Craig
	INVENTOR'S SIGNATURE	Signature	
0	RESIDENCE & CITIZENSHIP	CITY Newhouse	STATE OR FOREIGN COUNTRY Lanarkshire, Scotland
	POST OFFICE ADDRESS	CITY King of Prussia	
1	FULL NAME OF INVENTOR	FAMILY NAME MILLER	FIRST GIVEN NAME David
	INVENTOR'S SIGNATURE	Signature	
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY Hertfordshire, GB
	POST OFFICE ADDRESS	CITY King of Prussia	
2	FULL NAME OF INVENTOR	FAMILY NAME RAMI	FIRST GIVEN NAME Harshad
	INVENTOR'S SIGNATURE	<i>Harshad Rami</i>	
0	RESIDENCE & CITIZENSHIP	CITY Harlow	STATE OR FOREIGN COUNTRY Essex, GB
	POST OFFICE ADDRESS	CITY King of Prussia	
3	FULL NAME OF INVENTOR	FAMILY NAME THOMPSON	FIRST GIVEN NAME Mervyn
	INVENTOR'S SIGNATURE	<i>Mervyn Thompson</i>	
0	RESIDENCE & CITIZENSHIP	CITY Harlow	STATE OR FOREIGN COUNTRY Essex, GB
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	INVENTOR'S SIGNATURE	<i>Mervyn Thompson</i>	
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<p>STATE & ZIP CODE/COUNTRY Pennsylvania 19406-0939, US</p>			
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2	FULL NAME OF INVENTOR	FAMILY NAME JAMIESON	FIRST GIVEN NAME Craig	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature <i>Craig L</i> Date: <i>10/10/04</i>		
0	RESIDENCE & CITIZENSHIP	CITY Newhouse	STATE OR FOREIGN COUNTRY Lanarkshire, Scotland	COUNTRY OF CITIZENSHIP GB
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Corporate Intellectual Property – UW2220, P O Box 1539	CITY King of Prussia	STATE & ZIP CODE/COUNTRY Pennsylvania 19406-0939, US
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